



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Division of Program Compliance – Audits Branch
11401 S. Bloomfield Avenue, Unit 203, 2nd Floor
Norwalk, CA 90650
(562) 406-3929, FAX (562) 406-3951

December 3, 2008

Gail Zweir, Ph.D., Mental Health Director
Inyo County Health & Human Services
162 J Grove Street
Bishop, CA 93514

Dear Dr. Zweir:

AUDIT REPORT – INYO COUNTY MENTAL HEALTH SERVICES

We have conducted a desk examination of the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Inyo County Mental Health for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and was limited to the review of SD/MC units of service/time, Administrative costs and Utilization Review costs.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

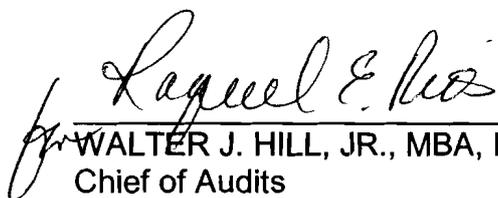
	NET PROGRAM COSTS			
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>	
Federal Share of Short-Doyle/Medi-Cal	\$ 486,529	\$ 481,717	\$ (4,812)	
Federal Share of Healthy Families/Medi-Cal	\$ 0	\$ 0	\$ 0	
State General Funds EPSDT Due State	\$ 147,981	\$ 146,039	\$ (1,942)	

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Gail Zweir, Ph.D., Mental Health Director
Inyo County
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This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,


WALTER J. HILL, JR., MBA, EA
Chief of Audits


RAQUEL RIOS, Supervisor
Audits - Southern Region

Enclosures

Certified Mail

SCHEDULE 1

Inyo County Health & Human Services
 COMMUNITY MENTAL HEALTH SERVICES
 SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
 FISCAL YEAR ENDED JUNE 30, 2004

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 458,049	\$ (2,838)	\$ 455,211
HEALTHY FAMILIES - FFP	(Sch. 2a)	0	0	0
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 458,049</u>	<u>\$ (2,838)</u>	<u>\$ 455,211</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 28,480	\$ (1,974)	\$ 26,506
HEALTHY FAMILIES - FFP	(Sch. 3b)	0	0	0
TOTAL FFP - CONTRACT PROVIDERS		<u>\$ 28,480</u>	<u>\$ (1,974)</u>	<u>\$ 26,506</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 486,529	\$ (4,812)	\$ 481,717
HEALTHY FAMILIES - FFP		0	0	0
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 486,529</u>	<u>\$ (4,812)</u>	<u>\$ 481,717</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	<u>\$ 147,981</u>	<u>\$ (1,942)</u>	<u>\$ 146,039</u>

**Inyo County Health & Human Services
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	727,549	(5,851)	721,698
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	9,814	390	10,204
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 737,363</u>	<u>\$ (5,461)</u>	<u>\$ 731,902</u>
<u>Less: Patient & Other Payer Revenues</u>				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	5,075	0	5,075
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 5,075</u>	<u>\$ 0</u>	<u>\$ 5,075</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	732,288	(5,461)	726,827
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 732,288</u>	<u>\$ (5,461)</u>	<u>\$ 726,827</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Inyo County Health & Human Services
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

		Audit		
		As Settled	Adjustments	As Audited
Amount Negotiated Rates Exceed Cost				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Medi-Cal Administrative Reimbursement				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 129,478	\$ (1,379)	\$ 128,099
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 104,613	\$ 0	\$ 104,613
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 104,613</u>	<u>\$ 0</u>	<u>\$ 104,613</u>
Healthy Families Administrative Reimbursement				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 0	\$ 0	\$ 0
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
Utilization Review Reimbursement				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 16,220	\$ 0	\$ 16,220
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 5,122</u>	<u>\$ 0</u>	<u>\$ 5,122</u>
Net SD/MC Reimbursement - FFP				
45. Direct Services	(MH1979, Ln 16,16A)	\$ 384,637	\$ (3,091)	\$ 381,546
46. Enhanced (Children)	(MH1979, Ln 17,17A)	6,380	252	6,632
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	52,307	(0)	52,307
50. U.R. Skilled Professional	(MH1979, Ln 14)	12,165	0	12,165
51. U.R. Other	(MH1979, Ln 15)	2,561	0	2,561
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 458,049</u>	<u>\$ (2,838)</u>	<u>\$ 455,211</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	<u>0</u>	<u>0</u>	<u>0</u>
56. Total SD/MC Reimbursement - FFP		<u>\$ 458,049</u>	<u>\$ (2,838)</u>	<u>\$ 455,211</u>
Net Healthy Families Reimbursement - FFP				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 0	\$ 0	\$ 0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	0	0
60. Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 458,049</u>	<u>\$ (2,838)</u>	<u>\$ 455,211</u>

(To Sch. 1)

**Inyo County Health & Human Services
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$ 785,792	\$ (9,193)	\$ 776,599
(2) Total SD/MC Claims	\$ 1,040,884	\$ -	\$ 1,040,884
(3) Percent % (Line 1/Line 2)	75.49%	-0.88%	74.61%
(4) EPSDT Claims	\$ 472,593	\$ -	\$ 472,593
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	\$ 356,760	\$ (4,158)	\$ 352,602
(6) Cost Settled Baseline for EPSDT	\$ 39,885	\$ -	\$ 39,885
(7) Net Cost Settlement Amount (Line 5 - Line 6)	\$ 316,875	\$ (4,158)	\$ 312,717
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	\$ 147,981	\$ (1,942)	\$ 146,039
(8a) FY 2001-02 EPSDT Settlement	\$ 188,029	\$ -	\$ 188,029
(8b) Annual Local Growth (L. 8 - 8a)	\$ -	\$ -	\$ -
(9) County Match 10% of Local Growth (8b x 10%)	\$ -	\$ -	\$ -
(10) Net Cost Settlement Amount (L. 8 - 9)	\$ 147,981	\$ (1,942)	\$ 146,039
(11) SGF Distribution (Settled and Audited)	\$ 198,338	\$ -	\$ 198,338
(12) SGF Due County (State)	<u>\$ (50,357)</u>	<u>\$ (1,942)</u>	<u>\$ (52,299)</u>

(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
Inyo County Health & Human Services				00014	27	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
<u>ADJUSTMENTS TO REPORTED GROSS COST</u>							
1	MH 1966	3	---	SERVICE FUNCTION 15/58 - PROGRAM 1	\$ 4,875	\$ (4,875)	\$ -
2	MH 1966	3	B Info	SERVICE FUNCTION 15/58 - PROGRAM 2	-	4,875	4,875
				TOTAL	<u>\$ 4,875</u>	<u>\$ -</u>	<u>\$ 4,875</u>
<p>To reclassify mode and service function 15/58 gross costs from Mode 15 - Program 1 to Mode 15 - Program 2.</p>							
<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>							
3	MH1966	8	Total	MEDI-CAL UNITS @ 54.35%	90,204	(355)	89,849 *
4	MH1966	8A	Total	MEDI-CAL UNITS @ 52.95%	332,426	(2,145)	330,281 *
5	MH1966	9	Total	MEDICARE/MEDI-CAL UNITS @ 54.35%	277	350	627 *
6	MH1966	9A	Total	MEDICARE/MEDI-CAL UNITS @ 52.95%	8,005	295	8,300 *
7	MH1966	10	Total	ENHANCED - CHILDREN UNITS @ 65%	4,105	(650)	3,455 *
8	MH1966	10A	Total Info	ENHANCED - CHILDREN UNITS @ 65%	2,375	780	3,155 *
				TOTAL UNITS	<u>437,392</u>	<u>(1,725)</u>	<u>435,667</u>
<p>To adjust the As Settled (MH 1966) SD/MC units of service/time for the County operated facilities to agree with the State DMH Approved Claims Report dated June 24, 2008. Copies of workpapers detailing adjustments by service functions have been provided to the County.</p>							
<p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>							

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
Inyo County Health & Human Services				00014	27	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY, CONT'D.</u>							
9	MH1966	8	Total	MEDI-CAL UNITS @ 54.35%	** 89,849	3,385	93,234 *
10	MH1966	8A	Total	MEDI-CAL UNITS @ 52.95%	** 330,281	3,130	333,411 *
11	MH1966	9	Total	MEDICARE/MEDI-CAL UNITS @ 54.35%	** 627	35	662 *
12	MH1966	9A	Total	MEDICARE/MEDI-CAL UNITS @ 52.95%	** 8,300	(295)	8,005 *
Info	MH1966	10	Total	ENHANCED - CHILDREN UNITS @ 65%	** 3,455	0	3,455 *
13	MH1966	10A	Total	ENHANCED - CHILDREN UNITS @ 65%	** 3,155	15	3,170 *
			Info	TOTAL UNITS	<u>435,667</u>	<u>6,270</u>	<u>441,937</u>
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the County's Records. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
14	MH1966	8	Total	MEDI-CAL UNITS @ 54.35%	** 93,234	(3,420)	89,814 *
15	MH1966	8A	Total	MEDI-CAL UNITS @ 52.95%	** 333,411	(3,205)	330,206 *
16	MH1966	9	Total	MEDICARE/MEDI-CAL UNITS @ 54.35%	** 662	(35)	627 *
17	MH1966	9A	Total	MEDICARE/MEDI-CAL UNITS @ 52.95%	** 8,005	295	8,300 *
Info	MH1966	10	Total	ENHANCED - CHILDREN UNITS @ 65%	** 3,455	0	3,455 *
18	MH1966	10A	Total	ENHANCED - CHILDREN UNITS @ 65%	** 3,170	(15)	3,155 *
			Info	TOTAL UNITS	<u>441,937</u>	<u>(6,380)</u>	<u>435,557</u>
				To adjust SD/MC units of service/time to the lesser of the County records or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
Inyo County Health & Human Services				00014	27	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY, CONT'D.</u>			
Info	MH1966	8	Total	MEDI-CAL UNITS @ 54.35%	** 89,814	0	89,814
19	MH1966	8A	Total	MEDI-CAL UNITS @ 52.95%	** 330,206	(240)	329,966
Info	MH1966	9	Total	MEDICARE/MEDI-CAL UNITS @ 54.35%	** 627	0	627
Info	MH1966	9A	Total	MEDICARE/MEDI-CAL UNITS @ 52.95%	** 8,300	0	8,300
Info	MH1966	10	Total	ENHANCED - CHILDREN UNITS @ 65%	** 3,455	0	3,455
Info	MH1966	10A	Total	ENHANCED - CHILDREN UNITS @ 65%	** 3,155	0	3,155
			Info	TOTAL UNITS	<u>435,557</u>	<u>(240)</u>	<u>435,317</u>
				To decrease SD/MC units of service/time as SD/MC units of service/time exceed the total units. SD/MC units of service/time cannot exceed total units. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
20	MH1966	8	Total	MEDI-CAL UNITS @ 54.35%	212	45	257 *
21	MH1966	8A	Total	MEDI-CAL UNITS @ 52.95%	<u>2,324</u>	<u>8</u>	<u>2,332 *</u>
			Info	TOTAL UNITS	<u>2,536</u>	<u>53</u>	<u>2,589</u>
				To adjust the As Settled (MH1966) SD/MC units of service/time for the contract providers to agree with the State DMH Approved Claims Report dated June 24, 2008. The County's records agree to the DMH Approved Claims Report. Copies of workpapers detailing adjustments by service functions have been provided to the County. (A separate audit report will not be issued to the contract providers.)			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
Inyo County Health & Human Services				00014	27	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
22	MH1966	8	Total	MEDI-CAL UNITS @ 54.35%	** 257	(3)	254 *
23	MH1966	8A	Total	MEDI-CAL UNITS @ 52.95%	** 2,332	(28)	2,304 *
			Info	TOTAL UNITS	<u>2,589</u>	<u>(31)</u>	<u>2,558</u>
				THE DEVEREUX CENTER - SFC 10/85	<u>(3)</u>		
				CHARIS YOUTH CENTER - SFC 15/40	<u>(28)</u>		
				To decrease SD/MC units of service/time as SD/MC units of service/time exceed the total units. SD/MC units of service/time cannot exceed total units. Copies of workpapers detailing adjustments by service functions have been provided to the County. (A separate audit report will not be issued to the contract providers.)			
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
24	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMBURSEMENT	\$ 125,821	\$ (3,731)	\$ 122,090
				To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/ time.			
25	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 458,049	\$ (2,838)	\$ 455,211
Info	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	-	-	-
			Info	TOTAL REIMBURSEMENT - COUNTY	<u>\$ 458,049</u>	<u>\$ (2,838)</u>	<u>\$ 455,211</u>
				To adjust the County Total SD/MC Reimbursement (FFP) due to adjustments made to reported costs and units of service/time.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
Inyo County Health & Human Services				00014	27	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT - CONT'D.</u>							
26	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	\$ 28,480	\$ (1,974)	\$ 26,506
Info	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	-	-	-
			Info	TOTAL REIMBURSEMENT - CONTRACT PROVIDERS	<u>\$ 28,480</u>	<u>\$ (1,974)</u>	<u>\$ 26,506</u>
				To adjust the contract providers Total SD/MC Reimbursement (FFP) due to the adjustments made to reported costs and units of service/time.			
27	Sch. 4	8	3	TOTAL EPSDT SGF	\$ 147,981	\$ (1,942)	\$ 146,039
				To adjust the final EPSDT settlement as a result of adjustments made to audited SD/MC costs.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS
MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: Inyo
County Code: 14

Legal Entity: Inyo County Health & Human Service		A	B	C
Legal Entity Number: 00014		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	1,487,851	747,438	2,235,289
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(279,669)	(279,669)
4	Other Adjustments from MH 1962		(23,218)	(23,218)
5	Total Costs Before Medi-Cal Adjustments	1,487,851	444,551	1,932,402
6	Medi-Cal Adjustments from MH 1961		14,637	14,637
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,947,039
Administrative Costs (County Only)				
9	SD/MC Administration			104,613
10	Healthy Families Administration			
11	Non-SD/MC Administration			144,305
12	Total Administrative Costs			248,918
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			16,220
14	Other SD/MC Utilization Review			5,122
15	Non-SD/MC Utilization Review			29,440
16	Total Utilization Review Costs			50,782
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			1,647,339
19	Total Costs - Lines 9 through 18			1,947,039

Crosscheck
1,647,339 **OK**
1,947,039 **OK**

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)**

**DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2003 - 2004**

County: Inyo
County Code: 14

Legal Entity: Inyo County Health & Human Services		A	B	C
Legal Entity Number: 00014		Salaries and Benefits	Other	Total Adjustments
1	DEPRECIATION		14,637	14,637
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		14,637	14,637

Crosscheck
14,637 **OK**

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
OTHER ADJUSTMENTS
MH 1962 (08/04)**

**DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2003 - 2004**

County: Inyo
County Code: 14

Legal Entity: Inyo County Health & Human Services		A	B	C
Legal Entity Number: 00014		Salaries and Benefits	Other	Total Adjustments
1	SUPPORT AND CARE		(5,743)	(5,743)
2	INTERNAL CHARGES		(1,831)	(1,831)
3	PROF & SPEC		(1,490)	(1,490)
4	TRANSPORTATION		(147)	(147)
5	MOTOR POOL		(3,708)	(3,708)
6	5150 TRANSPORTS		(10,299)	(10,299)
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(23,218)	(23,218)

Crosscheck
-23,218 **OK**

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: Inyo
 County Code: 14

Legal Entity: Inyo County Health & Human Services		A
Legal Entity Number: 00014		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,647,339
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,225,022
6	Outreach Services (Mode 45)	26,588
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	395,729
9	Total - Lines 2 through 8	1,647,339

**Crosscheck
OK**

County: Inyo
County Code: 14

CR

Legal Entity: Inyo County Health & Human Services		H	I	J	K	L	M	N
Legal Entity Number: 00014		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)								
		70						
1	Allocation Percentage	9.73%						
2	Total Units	48,439						
3	Gross Cost	116,541						
4	Cost per Unit	2.41						
5	SMA per Unit	3.52						
6	Published Charge per Unit	3.29						
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03	3,570					
8A		10/01/03 - 06/30/04	13,434					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04	275					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units		31,160					
13	Medi-Cal Costs	07/01/03 - 09/30/03	8,589					
13A		10/01/03 - 06/30/04	32,321					
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	12,566					
14A		10/01/03 - 06/30/04	47,288					
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	11,745					
15A		10/01/03 - 06/30/04	44,198					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04	662					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04	968					
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04	905					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		74,969					

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Inyo
County Code: 14

Legal Entity: Inyo County Health & Human Services		A	B	C	D	E	F	G
Legal Entity Number: 00014		Mode Total	Service Function					
Mode: 15 - Outpatient (Program 1)			01	10	30	40	50	60
1	Allocation Percentage	100.00%	13.14%	8.42%	1.46%	36.14%	11.65%	19.45%
2	Total Units		125,793	62,661	10,863	268,950	86,696	77,871
3	Gross Cost	1,197,213	157,303	100,811	17,477	432,694	139,479	232,908
4	Cost per Unit		1.25	1.61	1.61	1.61	1.61	2.99
5	SMA per Unit		1.83	2.36	2.36	2.36	2.36	4.37
6	Published Charge per Unit		1.71	2.20	2.20	2.20	2.20	4.09
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03	26,410	8,367	995	30,485	10,837	7,560
8A		10/01/03 - 06/30/04	63,116	28,662	4,850	130,540	53,670	22,194
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					67	560
9A		10/01/03 - 06/30/04						8,300
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03	1,660	920		875		
10A		10/01/03 - 06/30/04	655	1,805		290		130
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units		33,952	22,907	5,018	106,760	22,122	39,127
13	Medi-Cal Costs	07/01/03 - 09/30/03	145,768	33,025	13,461	1,601	49,045	17,435
13A		10/01/03 - 06/30/04	527,906	78,926	46,112	7,803	210,016	86,346
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	213,548	48,330	19,746	2,348	71,945	25,575
14A		10/01/03 - 06/30/04	773,602	115,502	67,642	11,446	308,074	126,661
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	199,332	45,161	18,407	2,189	67,067	23,841
15A		10/01/03 - 06/30/04	721,888	107,928	63,056	10,670	287,188	118,074
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	1,783				108	1,675
17A		10/01/03 - 06/30/04	24,825					24,825
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	2,605				158	2,447
18A		10/01/03 - 06/30/04	36,271					36,271
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	2,438				147	2,290
19A		10/01/03 - 06/30/04	33,947					33,947
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	4,964	2,076	1,480		1,408	
21A		10/01/03 - 06/30/04	5,240	819	2,904		467	389
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	7,274	3,038	2,171		2,065	
22A		10/01/03 - 06/30/04	7,679	1,199	4,260		684	568
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	6,788	2,839	2,024		1,925	
23A		10/01/03 - 06/30/04	7,166	1,120	3,971		638	532
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		486,728	42,457	36,854	8,073	171,758	35,591

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Inyo
County Code: 14

TBS MHS MHS MHS MHS MHS

Legal Entity: Inyo County Health & Human Services		A	B	C	D	E	F	G
Legal Entity Number: 00014		Mode Total	Service Function					
Mode: 15 - Outpatient (Program 2)			58	31	61	41	42	43
1	Allocation Percentage	100.00%	17.53%	6.11%	22.50%	39.70%	7.12%	7.04%
2	Total Units		3,030	1,560	5,740	6,720	1,800	1,960
3	Gross Cost	27,809	4,875	1,700	6,256	11,040	1,980	1,958
4	Cost per Unit		1.61	1.09	1.09	1.64	1.10	1.00
5	SMA per Unit		2.36	2.36	4.37	2.36	2.36	2.36
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03		60		960	450	120
8A		10/01/03 - 06/30/04	2,655	300	2,385	5,760	1,000	1,400
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units		375	1,200	3,355		350	440
13	Medi-Cal Costs	07/01/03 - 09/30/03	2,257	65		1,577	495	120
13A		10/01/03 - 06/30/04	19,159	4,272	327	2,599	9,463	1,100
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	3,752	142		2,266	1,062	283
14A		10/01/03 - 06/30/04	36,654	6,266	708	10,422	2,360	3,304
15	Medi-Cal Published Charges	07/01/03 - 09/30/03						
15A		10/01/03 - 06/30/04						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		6,392	603	1,308	3,657	385	440

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

PAGE 1 OF 1

FISCAL YEAR 2003 - 2004

County: Inyo
County Code: 14

CR CR

Legal Entity: Inyo County Health & Human Services		A	B	C	D	E	F	G
Legal Entity Number: 00014		Mode Total	Service Function					
Mode: 45 - Outreach			10	20				
1	Allocation Percentage	100.00%	13.69%	86.31%				
2	Total Units		5,885	34,312				
3	Gross Cost	26,588	3,640	22,948				
4	Cost per Unit		0.62	0.67				
5	Non-Medi-Cal Units		5,885	34,312				
6	Non-Medi-Cal Costs	26,588	3,640	22,948				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: Inyo
County Code: 14

			CR	CR	CR			
Legal Entity: Inyo County Health & Human Services		A	B	C	D	E	F	G
Legal Entity Number: 00014		Mode Total	Service Function					
Mode: 60 - Support			20	30	60			
1	Allocation Percentage	100.00%	1.08%	3.38%	95.54%			
2	Total Units		65	22,370	2,000			
3	Gross Cost	395,729	4,272	13,378	378,079			
4	Cost per Unit		65.72	0.60	189.04			
5	Non-Medi-Cal Units (Same as Line 2)		65	22,370	2,000			
6	Non-Medi-Cal Costs (Same as Line 3)	395,729	4,272	13,378	378,079			

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

			REIMBURSEMENT TYPE				PC	Costs				Costs	
			A	B	C	D	E	F	G	H	I	J	K
County: Inyo County Code: 14 Legal Entity: Inyo County Health & Human Services Legal Entity Number: 00014			Mode 55			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-Alt Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29								
1	Medi-Cal Costs	07/01/03 - 09/30/03											
1A		10/01/03 - 06/30/04								145,768	145,768	2,257	148,025
2	Medi-Cal SMA	07/01/03 - 09/30/03								527,906	527,906	19,159	547,065
2A		10/01/03 - 06/30/04								213,548	213,548	3,752	217,301
3	Medi-Cal P. C.	07/01/03 - 09/30/03								773,602	773,602	36,654	810,256
3A		10/01/03 - 06/30/04								199,332	199,332		199,332
4	Medi-Cal N. R.	07/01/03 - 09/30/03								721,888	721,888		721,888
4A		10/01/03 - 06/30/04											
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03								145,768	145,768	2,257	148,025
5A		10/01/03 - 06/30/04								527,906	527,906	19,159	547,065
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03								1,783	1,783		1,783
6A		10/01/03 - 06/30/04								24,825	24,825		24,825
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03								2,605	2,605		2,605
7A		10/01/03 - 06/30/04								36,271	36,271		36,271
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03								2,438	2,438		2,438
8A		10/01/03 - 06/30/04								33,947	33,947		33,947
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03											
9A		10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03								1,783	1,783		1,783
10A		10/01/03 - 06/30/04								24,825	24,825		24,825
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03								147,551	147,551	2,257	149,808
11A		10/01/03 - 06/30/04								552,731	552,731	19,159	571,890
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03								4,964	4,964		4,964
12A		10/01/03 - 06/30/04								5,240	5,240		5,240
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								7,274	7,274		7,274
13A		10/01/03 - 06/30/04								7,679	7,679		7,679
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03								6,788	6,788		6,788
14A		10/01/03 - 06/30/04								7,166	7,166		7,166
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03											
15A		10/01/03 - 06/30/04											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03								4,964	4,964		4,964
16A		10/01/03 - 06/30/04								5,240	5,240		5,240
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04											
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04											
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04											
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03								152,514	152,514	2,257	154,772
21A		10/01/03 - 06/30/04								557,971	557,971	19,159	577,130
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04											
23	Healthy Families Cost	07/01/03 - 09/30/03											
23A		10/01/03 - 06/30/04											
24	Healthy Families SMA	07/01/03 - 09/30/03											
24A		10/01/03 - 06/30/04											
25	Healthy Families P. C.	07/01/03 - 09/30/03											
25A		10/01/03 - 06/30/04											
26	Healthy Families N. R.	07/01/03 - 09/30/03											
26A		10/01/03 - 06/30/04											
27	Healthy Families Gross Reim.	07/01/03 - 09/30/03											
27A		10/01/03 - 06/30/04											
	Less: Patient and Other Payor Revenue												
28	SD/MC + Crossover Revenue	07/01/03 - 09/30/03								239	239		239
28A		10/01/03 - 06/30/04								4,836	4,836		4,836
29	Enhanced SD/MC (Children) Revenue												
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03								152,275	152,275	2,257	154,533
35A		10/01/03 - 06/30/04								563,135	563,135	19,159	572,294
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/03 - 09/30/03											
37A		10/01/03 - 06/30/04											
	Amount Negotiated Rates Exceed Costs												
38	SD/MC (Includes Children)	07/01/03 - 09/30/03											
38A		10/01/03 - 06/30/04											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/03 - 09/30/03											
40A		10/01/03 - 06/30/04											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County: Inyo
County Code: 14

Legal Entity: Inyo County Health & Human Services Legal Entity Number: 00014	A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50.00% FFP	F 54.35% FFP	G 52.95% FFP	H Variable % FFP	I 75.00% FFP	J Total FFP
SD/MC Administrative Reimbursement (County Only)										
1 County SD/MC Direct Service Gross Reimbursement			731,902	731,902						
2 Contract Providers Medi-Cal Direct Service Gross Reimbursement		72,318	49,772	122,090						
3 Total Medi-Cal Direct Service Gross Reimbursement				853,992						
4 Medi-Cal Administrative Reimbursement Limit				128,099						
5 Medi-Cal Administration				104,613						
6 Medi-Cal Administrative Reimbursement				104,613	52,307					52,307
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Reimbursement										
7A Contract Providers Healthy Families Direct Service Gross Reim.										
7B Total Healthy Families Direct Service Gross Reimbursement										
8 Healthy Families Administrative Reimbursement Limit										
9 Healthy Families Administration										
10 Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin, Activities Svc Functions 01 - 09										
12 Medi-Cal Admin, Activities Svc Functions 11 - 19, 31 - 39										
13 Medi-Cal Admin, Activities Svc Functions 21 - 29 (County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				16,220					12,165	12,165
15 Other SD/MC Utilization Review (County Only)				5,122	2,561					2,561
16 SD/MC Net Reimbursement for Direct Services 07/01/03 - 09/30/03			149,569	149,569		81,291				81,291
16A SD/MC Net Reimbursement for Direct Services 10/01/03 - 06/30/04			567,054	567,054			100,255			100,255
17 Enhanced SD/MC Net Reimb. (Children) 07/01/03 - 09/30/03			4,964	4,964				3,226		3,226
17A Enhanced SD/MC Net Reimb. (Children) 10/01/03 - 06/30/04			5,240	5,240				3,406		3,406
18 Enhanced SD/MC Net Reimb. (Refugees)										
19 Total SD/MC Reimbursement Before Excess FFP										455,211
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21 Total SD/MC Reimbursement (FFP)										455,211
22 Contract Limitation Adjustment										
23 Adjusted Total SD/MC Reimbursement (FFP)										455,211
24 Healthy Families Net Reimbursement 07/01/03 - 09/30/03										
24A Healthy Families Net Reimbursement 10/01/03 - 06/30/04										
25 Total Healthy Families Reimbursement Before Excess FFP										
26 Amount Negotiated Rates Exceed Costs - Healthy Families										
27 Total Healthy Families Reimbursement										

Per Settled Cost Report - SD/MC	458,049
Per Settled Cost Report - Healthy Families	0
Total	458,049
Variance	(2,838)

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	52,307
Line 10: Column D minus Column H	
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	4,055
Line 14: Column D minus Column I	2,561
Line 16: Column D minus Column F	68,278
Line 16A: Column D minus Column G	266,799
Line 17: Column D minus Column H	1,737
Line 17A: Column D minus Column H	1,834
Line 18: Column D minus Column E	
Line 24: Column D minus Column H	
Line 24A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	397,571